Stat Profile pHOx Plus C
Sample Results

Analyzer
Analyzed on 31-07-2024 at 02:06 PM
Sample #: 10891
Operator ID:
Accession Number: 44579
FiO_2%: 20.9
Patient Temperature C: 37.0
Sample Type: Arterial
Bed 6
Time Drawn:

Results - Measured at 37°C

pH	7.420		
pCO_2	21.3	mmHg	
pO_2	45.7	mmHg	
Hct	31	%	
Na^+	150	mmol/L	
K^+		mmol/L	
Ca^{++}	0.93	mmol/L	UC

Results - Calculated

HCO_3^-	13.5	mmol/L
TCO_2	14.6	mmol/L
BEecf	-10.8	mmol/L
BEb	-8.2	mmol/L
SBC	17.5	mmol/L
A	118.3	mmHg
A-aDO_2	72.6	mmHg
a/A	0.4	
RI	1.6	
PO_2/FIO_2	218.8	mmHg
SO_2%	83.7	
Hb	10.4	g/dL
nCa^{++}	0.94	mmol/L

GOVERNMENT OF INDIA
AM MANOHAR LOHIA HOSPITAL, NEW DELHI
BIOCHEMISTRY - LAB REPORT

149	Age/Sex : 87Y/S / F	Date : 31 / 07 / 2024	
4579	CGHS No. : HDU (ECS-II)	OPD/Wd : HDU-Bed no-06	
	VBG (2:00pm)	Signature : Dr Saurabh	

..... mg/dl(70-110)
..... mg/dl(90-160)
..... mg/dl(70-140)

t :

..... mg/dl(15-45)
..... mg/dl(0.6-1.2)
..... mg/dl (2.5-6.0)

:

..... mg/dl(0.2-1
..... mg/d
..... n .1)
..... U/L (15-50)
..... U/L (15-50)

Alk. Phos : ..... U/L (50-130)

GGT : ..... U/L (8-61M; 5-36F)

4. S. Proteins :

T Prot : ..... gm/dl (6.0-8.0)

Albumin : ..... gm/dl (3.5-5.5)

Globulin : ..... gm/dl (1.5-3.5)

5. Lipid Profile :

T. Cholesterol : ..... mg/dl(130-230)

HDL Chol. : ..... mg/dl (30-65)

LDL Chol. : ..... mg/dl (50-150)

VLDL Chol. : ..... mg/dl (upto 40)

Triglyceride : ..... mg/dl (50-200)

6. S. Electrolytes :

Sodium : ..... mmol/L (130-150)

Potassium : ..... mmol/L (3.5-5.5)

Chloride : ..... mol/L (95-110)

Calcium : ..... mg/dl (8.5-10.5)

Phospho ..... mg/dl (2.5-5.5)

7. Cardiac Profile :

CPK : ..... U/L (50-200)

CK- MB : ..... U/L (upto 25)

LDH : ..... U/L (110-240)

SGOT : ..... U/L (15-50)

8. Iron Profile :

T. Iron : ..... µg/dl (60-150)

TIBC : ..... µg/dl (250-400)

UIBC : ..... µg/dl (150-250)

Saturation : ..... % (20-35)

9. Others :

S. Armylase : ..... U/L (30-110)

S. Lipase : ..... U/L (23-300)

S. Magnesium : ..... mg/dl (1.6-2.3)

Ammonia (NH_3) ..... µmol/L (9-30)

Lactate : ..... mmol/L (0.7-2.1)

BIOCHEMIS

JAN/24

Atal Bihari Vajpayee Institute of Medical Sciences and Dr Ram Manohar Lohia Hospital
Baba Kharak Singh Marg, New Delhi-110001

CONSENT FORM FOR SURGICAL OPERATION AND / OR DIAGNOSTIC / THERAPEUTIC PROCEDURE

Name: Tamiya

CR No/UHID ..... MRD No. ..... Age : 8y Sex: F

S/o, D/o, W/o: ..... Date : 31.7 Time .....

Authorization for Surgical operation and / or Diagnostic / Therapeutic Procedure.

1. I ..... authorize Dr. ..... and who so ever he / she may designate to perform the following medical treatment, surgical operation and diagnostic / therapeutic procedures ..... central line insertion .....
2. It has been explained to me that, during the course of the operation / procedure, unforeseen conditions may be revealed or encountered which necessitate surgical or other emergency procedures in addition to or different from those contemplated at the time of initial diagnosis. I, therefore, further authorize the above designated staff to perform such additional surgical or other procedure as they deem necessary or desirable.
3. I further consent to the administration of drugs, infusions, blood or blood product transfusions or any other treatment or procedures deemed necessary.
4. The nature and purpose of the operation and / or procedures, the necessity thereof, the possible alternative methods, treatment, prognosis, the risks involved and the possibility of complication in the investigative procedures / investigations and treatment of my condition/diagnosis have been fully explained to me and I have understood the same.
5. I have been given an opportunity to ask all/any questions and I have also been given option to ask for second opinion.
6. Please tick, if applicable. I have been informed that ..... (name of item/device) being used for the Suregery/Diagnostic/Therpeutic Procedure is -
   - ☐ Fresh
   - ☐ Reprocessed ..... number of times for re-use.
7. I acknowledge that no guarantee and promise has been made to me concerning the result of any procedure/ treatment.
8. I consent to the photographing or televising of the operation or procedures to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by pictures or by descriptive texts accompanying them.
9. I also give consent to the disposal by hospital authorities of any deceased tissues or parts thereof necessary to be removed during the course of operative procedure/treatment.

I CERTIFY THAT THE STATEMENT MADE IN THE ABOVE CONSENT FORM HAVE BEEN READ OVER AND EXPLAINED TO ME IN MY MOTHER TONGUE AND I HAVE FULLY UNDERSTOOD THE IMPLICATIONS OF THE ABOVE CONSENT.

Name & Signature of the Witness

.....

.....

Signature of the Patient / Parent / Guardian or Thumb impression (Naveen)

Name .....

Relationship with patient: Mother

.....

I CONFIRM THAT I HAVE EXPLAINED THE NATURE AND EFFECTS OF THE OPERATION/PROCEDURE / TREATMENT TO THE PERSON WHO HAS SIGNED THE ABOVE CONSENT FORM.

Signature of the Surgeon / Doctor Performing the procedure

Name Dr. ARUN. K

Profile pHOx Plus C
Sample Results

Analyzer #: 8
Analyzed on 31-07-2024 at 03:19 AM
Sample #: 10743
Operator ID: PSIMV
Patient ID: 445776 Pcm1 → 9 cmH2O
FIO_2%: 20.9 PEEP → 5 cmH2O
Patient Temperature C: 37.0
Sample Type: Arterial
FiO_2 → 90%
Pcup – 7 cmH2O
Time Drawn: Rate – 18/min

Results - Measured at 37°C

pH	7.451 ↑		
pCO_2	17.9 ↓	mmHg	
pO_2	197.5	mmHg	
Hct	37	%	
Na^+	155	mmol/L	
K^+		mmol/L	UC
Ca^{++}	0.72	mmol/L	

Results - Calculated

HCO_3^-	12.8 ↓	mmol/L
TCO_2	13.4	mmol/L
BEecf	-11.2	mmol/L
BEb	-8.0	mmol/L
SBC	18.0	mmol/L
A	122.5	mmHg
a/A	1.6	
PO_2/FIO_2	945.1	mmHg
SO_2%	99.8	
Hb	12.2	g/dL
nCa^{++}	0.74	mmol/L

GOVERNMENT OF INDIA

...AM MANOHAR LOHIA HOSPITAL, NEW DELHI

BIOCHEMISTRY - LAB REPORT

	Age/Sex : 8y/M/F	Date : 31/7/24
...1579	CGHS No. :	OPD/Wd HDU Bed-06
	Signature :	

VBG

...... mg/dl(70-110)
...... mg/dl(90-160)
...... mg/dl(70-140)

...... mg/dl(15-45)
...... mg/dl(0.6-1.2)
...... mg/dl (2.5-6.0)

...... mg/dl(0.2-1.2)
...... mg/dl (0.1-0.3)
...... mg/dl(0.2-1.1)
...... U/L (15-50)
SGPT : ...... U/L (15-50)
Alk Phos : ...... U/L (50-130)
GGT : ...... U/L (8-61M, 5-36F)

4. **S. Proteins :**

T Prot : ...... gm/dl (6.0-8.0)
Albumin : ...... gm/dl (3.5-5.5)
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HDL Chol. : ...... mg/dl (30-65)
LDL Chol. : ...... mg/dl (50-150)
VLDL Chol. : ...... mg/dl (upto 40)
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6. **S. Electrolytes :**

Sodium : ...... mmol/L (130-150)
Potassium : ...... mmol/L (3.5-5.5)
Chloride : ...... mol/L (95-110)
Calcium : ...... mg/dl (8.5-10.5)
Phosphorus : ...... mg/dl (2.5-5.5)

7. **Cardiac Profile :**

CPK : ...... U/L (50-200)
CK- MB : ...... U/L (upto 25)
LDH : ...... U/L (110-240)
SGOT : ...... U/L (15-50)

8. **Iron Profile :**

T. Iron : ...... µg/dl (60-150)
TIBC : ...... µg/dl (250-400)
UIBC : ...... µg/dl (150-250)
Saturation : ...... % (20-35)

Dr. Vijay Kumar (Pathology)
Dr. Nikhil Kumar

9. **Others :**

S. Armylase :...... U/L (30-110)
S. Lipase : ...... U/L (23-300)
S. Magnesium : ...... mg/dl (1.6-2.3)
Ammonia (NH_3)...... µmol/L (9-30)
Lactate : ...... mmol/L (0.7-2.1)

ABVIMS and Dr RML Hospital

New Delhi - 110001

ECS PICU / HDU DAYCARE SHEET

DEPARTMENT OF PEDIATRICS

Name	Tanya	Date / Time- 31/07/2024	DOA-
Age/Gender	8 yrs / F	CR. No. - 44579	DOPICU / HDU
Weight	20 kgs	Bed number (6)	DOMV-
Diagnosis	Disseminated TBM stage III c TB lymphadenitis c (L) LR palsy c Ptosis on ATT :: (28/07/2024) c VP shunt - insitu (30/07/2024).		

Current issues

Issue	Intervention	Current status
(1) TBM c comm. hcp	→ VP Shunt done on 30/07/24.	
	on ATT (13/06/24)	
(2) Sensorium →	E1 V2 M2 befor intubation (at 4:20pm).	
(3) Dyselectrolytemia - Hypokalemia - 2.8	→ on (3% 100 KCl)	
(4)	2.4 ↓ (correction @0.5 meq	

Respiratory system

Support	SIMV/PSV/CPAP/HFNC Morning	Evening	ABG/VBG	Time- Morning	Evening
Delta P/PS	9+5/7		PH		
PEEP	5		PCO2		
MAP			HCO3		
RR (T/Vent)	22/24		BE		
VTE/VTi	180		PO2		
Min Vent			OI		
FiO2 / SPO2	40% / 98%		ICa		
C/R			P/F ratio		
CXR/USG			Anion Gap		
Examination + Other issues with Mx					

ET size	
Fixed at	
Changed on	

VAP---

ICDT---- (drain volume)

other drains

Pt Name - Tanuja

Age/Sex - 84yr/F

C.R.

HYSTY

Dx - Disseminated TBM stage III c TB lymphadenitis
c Left 2R palsy c ptosis on ATT :: 28/02/24
c VP - shunt - in situ (30/07/24)

Pt is a k/c/o Disseminated koch's (TBM c Tuberculous lymphadenitis) -- on ATT (13/06/24)
c prednisolone
↓

28/6 Admitted on 01/07/24 with c/o Headache / vomiting / Blurring of vision

Vitals on Admission → HR- 90/min
RR-20/min
CNS - E4VSM6
(16) 2R palsy / Lt eye ptosis
NO FND

30/07/24 Plantar ↓ | ↓

02/07
CSF cyto - 50 cells
100% lymphocytes
glucose - 7
protein - 187

Fundus → (2) - mild blurring of nasal disc margins

PLAN- ① ET care / vent care / head midline / fixed / minimal h[illegible]

Weight	20
TF R (%)	100%
Drugs	150
Fluids	1130
Feed	330
Na	
K	meq/kg/...

(60) ② Inj. Meropenem 800mg + 20ml NS IV x TDS

(300) ③ Inj. Linezolid 200mg IV x TDS

(10) ③ Inj. Amikacin 300mg + 10ml NS IV x OD

(40) ④ Inj. Levoflox 200 mg IV x OD

(720) ⑤ Inj. 3% NaCl IV @ 30ml/hr.

④ IVF DNS + (3:100 KCl) IV @ 16 ml/hr

⑤ Inj. Dexa 4mg IV x QID

⑥ ATT - 4 Pediatric + 4 Ethambutol 100g x OD

⑦ Tab Pyridoxine 10mg 1tab x OD

⑧ Inj. PCM 300mg IV x SOS

⑨ Inj. Pantop 20mg IV x OD

⑩ Inj. Levera 200mg + 20ml NS IV x BD

⑪ Syp Glycerol 10ml x TDS

⑫ Tab Diamox 250mg 1tab x

⑬ Inj. Midaz 29mg + 24ml NS IV @ 2ml/hr

⑭ Inj Fentanyl 480 mcgm + 24ml NS IV @ 2ml

⑮ RBS monitoring x 12 hrly / vital monitoring

PG/JR Signature &

S[illegible]

& Name in C[illegible]

GOVERNMENT OF INDIA

focal deficit (+) c ↓ sensorium
(R) Hemiparesis , 1st stasis
Anisocoria (R) (L)
2mm 3mm
Normal sluggish

Inj Amikacin
Inj 3% NaCl
T. Levoflox
T. Ethambutol.

NCCT Head → Comm HCP c PV ooze
C/D/W Dr Kumar ma'
Possibility of MDR TB → MDR Drug regimen to be started.

⇓

26/07/24 GCS → E4 V4 M6
Tone ↓ | N / ↓ | N

Started on Inj ~~MDR~~ Meropenem, Inj Linezolid, Inj Amikacin, T. Levoflox, T. Ethambutol

⇓

28/07/24 GCS E4V2M6 → Started on ATT , NG feeds started.

⇓

Worsening GCS - E4V2M6

30/07/24 → Intubated on 30/07/24 with ET size 7.5 fixed at lips

VP shunt done on 30/07/24 @ 8:30 PM

विकृति विज्ञान विभाग
DEPARTMENT OF PATHOLOGY
डॉ. राम मनोहर लोहिया अस्पताल, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

रक्त की जाँच
EXAMINATION OF BLOOD

दिनांक
Date : 30/7/24

Patient's Name Tanya आयु-लिंग Age-Sex 8y/m ब.रो.वि./के.स.स्वा.यो. OPD/CGHS/CR NO. 44579
प्रभारी चिकित्सक
Dr. Incharge
वार्ड Ward/OPD EY-3 बिस्तर सं. Bed No.
रोगवृत्त
Clinical History
अन्तिम निदान
Prov Diagnosis
यूनिट अध्यक्ष
Head of Unit

114 CBC

चिकित्सक के हस्ताक्षर
Signature of Clinician

रिपोर्ट
Report

ई.एस. आर (बेस्टरग्रेन) ESR (Westergren) ..... एम. एम. प्रथम घंटा mm 1sr Hr.

हीमोग्लोबिन Haemoglobin 10.9 ग्राम gm%

कुल डब्ल्यू बी. सी. Total WBC 18000 क्यू. एम. एम. /cumm

विशिष्ट श्वेत कोशिका गणना
Differential Leucocyte Count

पोलीमार्फ Polymorphs 85 %

लिम्फोसाइट Lymphocytes 10 %

इयोसिनोफिल Eosinophil 04 %

मोनोसाइट Monocytes 01 %

बेसोफिल Basophilis – %

अन्य Other – %

प्लेटलेट गणना Platelet Count 2.5 lakh क्यू. एम. एम. /cumm

पूर्ण इयोसिनोफिल गणना Absolute Eosinophil Count 6 क्यू. एम. एम. /cumm

कुल लाल रक्त कोशिकाएँ Total RBC 3.51 x 10 क्यू. एम. एम. /cumm

पी. सी. वी. PVC 23.7 %

एम. सी. वी. MCV 67.7 FL

एम. सी. एच. MCH 31.1 %

एम. सी. एच. सी. MCHC 46.0 %

आर.डी.डब्ल्यू RDW ..... /cumm

रेटिक्यूलोसाइट गणना Reticulocytes count ..... %

रक्तस्राव का समय Bleeding Time ..... min ..... sec

जमने का समय Clotting time ..... min ..... sec

Reg No:- 654

Mob.: 9650546684

SAHYOG INDIA TRUST

(Healing Hands, Caring Hearts)

Address:- 352, Balmukund Khand, Giri Nagar, Kalkaji, New Delhi -110019

Mail Id:- sahyogindiatrust@gmail.com, Website: sahyogindiatrust.org

Ref. No.

Date: 31/July/2024

सेवा में

सहयोग इंडिया ट्रस्ट

संजय कॉलोनी ओखला फेस-2

नई दिल्ली,

महोदय,

सविनय निवेदन यह है कि मैं नवीन मेरी बेटी तान्या जो कि सिर्फ 8 साल की है जो कि इस समय राम मनोहर लोहिया अस्पताल में भर्ती है मेरी बेटी को ब्रेन टीबी, न्यूमोनिया और सांस लेने में परेशानी है जिस कारण मेरी बेटी की हालत बहुत नाजुक है तथा मेरी आर्थिक स्थिति भी कमज़ोर है जिस कारण मैं अपनी बेटी का इलाज कराने में असमर्थ हूं।

इस मुश्किल परिस्थिति मे सहयोग इंडिया ट्रस्ट की तरफ से मुझे आर्थिक सहायता मिली है और मैं आगे भी सहयोग इंडिया ट्रस्ट से अनुरोध करता हूं कि मेरी बेटी के इलाज में मुझे आर्थिक सहायता प्रदान करे।

आपकी अति कृपा होगी और मैं सहयोग इंडिया ट्रस्ट के परिवार के सदस्यों का ताउम्र आभारी रहूंगा।

धन्यवाद

SAHYOG INDIA TRUST Reg No. 654 DELHI